

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585053

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5						
6				1		
7						
8						
9				1		
10						
11						
12						
13				1		
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25				0		
26						
27						
28						
29						
30				0		
31			1			
32				1		
33						
34				1		
35						
36						
37				1		
38			1			
39				1		
40						
41						
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		17	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						